

**Idaho Collection Agency Act**  
**General Collection Agency or General Debt/Credit Counseling Agency**  
**Permit Application Checklist**

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

Check blank when completed. Return this checklist with your application.

**CFB Office Use Only**

\_\_\_ **Application Form**

- \_\_\_ Application Fee (\$50.00)  
\_\_\_ Location of principal office or place of business  
\_\_\_ Other names used (dba's, aka's, etc.)  
\_\_\_ Names of affiliates in this and all other states  
\_\_\_ List of the names and addresses for all principal officers, owners, partners, directors  
\_\_\_ Name of Financial Institution in which trust and business accounts are maintained.  
\_\_\_ Background Questions and details if needed

\_\_\_ **Consent to Service of Process and Examination of Accounts form**

\_\_\_ **Copy of Filing with Idaho Secretary of State ( 208 / 334 - 2300 )**

\_\_\_ **Articles of Incorporation, Bylaws, Organization, and/or Agreement**

\_\_\_ **Financial Statement** (Completed, verified, signed, notarized)

\_\_\_ **Bond forms** or acknowledgment that bonds will be available before license is issued  
*Note: Actual bonds need not be obtained until after the application is submitted  
and before the examination is taken \$2,000 minimum ( ) and \$15,000 minimum ( )*

- \_\_\_ List of the **names of all Agents** who will contact Idaho debtors or creditors, or who  
will solicit Idaho businesses, with \$20.00 fee *each*  
\_\_\_ Name of Qualifying Officer \_\_\_\_\_  
\_\_\_ Date Qualifying Officer Examination taken \_\_\_\_\_  
\_\_\_ Qualifying Officer fee (\$100.00)

\_\_\_ **Toll-Free telephone number** for complaints

\_\_\_ **Assignee/Collection Agency Notification Application form**

\_\_\_ Submit the following sample **business forms**:

- \_\_\_ Advertising material  
\_\_\_ Contracts and assignment forms for clients  
\_\_\_ Contracts and disclosure forms for debtors  
\_\_\_ Contracts and releases for creditors who have been paid  
\_\_\_ All materials used in collections or sent to debtors

\_\_\_ **DEBT/CREDIT COUNSELORS: Submit a copy of your IRS 501C(3) determination**

Checked for accuracy and completion by:

Print name of applicant's representative: \_\_\_\_\_

Print company name, if different: \_\_\_\_\_

Print address, if different: \_\_\_\_\_

Print Phone & Fax numbers: \_\_\_\_\_

No applicant for an Idaho Collection Agency permit will be denied a permit on the basis of race, religion, creed,  
sex, age, national origin or political belief.

Examiner Approval & Date:

MARI (etc) Check & Date:

State of Idaho - Department of Finance - Consumer Finance Bureau  
P O Box 83720, Boise, Idaho 83720-0031 • 800 Park Blvd., Ste 200, Boise, Idaho 83712  
Telephone: (208) 332-8002 - Fax: (208) 332-8096

**GENERAL COLLECTION AGENCY or GENERAL DEBT/CREDIT COUNSELING AGENCY PERMIT APPLICATION**

1. Applicant \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mail Address \_\_\_\_\_  

Street
City
State
Zip
Phone
Fax
  
2. Assumed Business Names which you intend to use in Idaho (attach copy of Idaho Secretary of State filing):  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Principal place of business, if different from above.  
\_\_\_\_\_  

Street
Mail Address
Phone
Fax
  
4. Fees to enclose:
  - a. Application Fee \$50.00\$ \_\_\_\_\_
  - b. Idaho Qualifying Officer Exam Fee \$100.00\$ \_\_\_\_\_
  - c. Agent Fee(s) \$20.00\$ \_\_\_\_\_ (for *each* agent to be registered.)
  
5.
  - a. If this is a corporation, attach certified copy of Articles of Incorporation/Agreement/Organization. (Marked *Exhibit* \_\_\_\_\_).
  - b. Amendments to the Articles of Incorporation or Bylaws during the past year. (Marked *Exhibit* \_\_\_\_\_.)
  - c. If this is a corporation or LLC, list name and home address, date of birth and social security number of each and all officers and directors. (Attach additional sheet, if necessary. (Marked *Exhibit* \_\_\_\_\_.)

President \_\_\_\_\_  
Vice-President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Director \_\_\_\_\_

Name
Home Address
DOB
SSN
  
6. If a partnership/ sole proprietorship, list name(s), home address(es), date(s) of birth, & social security number(s):  
\_\_\_\_\_  

Name
Home Address
DOB
SSN
  
7. Names of all persons or organizations with which you are affiliated, the business names and locations of the principal offices or places of business for each.  
\_\_\_\_\_  

Name
Address
Phone Number
  
8. Complete description of the business to be conducted and the plan of operation contemplated (if you sell franchises or letter service or prorate accounts, please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL COLLECTION AGENCY or GENERAL DEBT/CREDIT COUNSELING AGENCY**  
**PERMIT APPLICATION**

9. Name of person who will be personally and actively in charge of the operation of this office and has passed the examination required (or will take the examination prior to obtaining a permit Idaho Qualifying Officer):

Name	Home Address	DOB	SSN
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10. Name of contact person for complaints: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Toll-Free Number: \_\_\_\_\_
11. Average monthly net collections due creditors for the twelve preceding months computed to the next highest \$1,000.00: *Example:* December 1st of preceding year through November 30 of current year. \_\_\_\_\_
12. Amount of money received from prorating of accounts for the past twelve months \_\_\_\_\_  
 The amount of such funds remitted to creditors during the twelve past months. \_\_\_\_\_  
*Example:* December 1st of the preceding year through November 30 of the current year.
13. If prorating, all papers & contracts used in the course of business submitted as exhibits, numbered as follows:
- a. Copies of all forms and contracts used and/or distributed to creditors or debtors.  
 Marked *Exhibit* (\_\_\_\_\_)
  - b. Complete forms of all contracts and/or releases designated for execution by creditors to whom payments are made or are to be made by the applicant. Marked *Exhibit* (\_\_\_\_\_)
14. Name and address of financial institution (if branch, give name) \_\_\_\_\_  
 \_\_\_\_\_
- Trust Account Number \_\_\_\_\_. General Business Account Number \_\_\_\_\_
15. Current financial statement showing all assets and liabilities, with detailed reference to each item listed, to inform the director of the nature and extent of such assets and liabilities. The net worth shall not include any notes, accounts bills and/or judgments or goodwill of or held by the applicant. (Marked *Exhibit* \_\_\_\_\_.)
16.
  - a. Copies of all forms/contracts to be executed by the creditor placing items with applicant for collection.  
 Marked *Exhibit* (\_\_\_\_\_)
  - b. Copies of any letters or form letters and/or telegrams or forms used to effect collections.  
 Marked *Exhibit* (\_\_\_\_\_)
  - c. Complete forms of all contracts and/or assignments designed for execution by debtors making any assignments to or placing any property with the applicant for the purpose of paying the creditors of such debtors. *Exhibit* (\_\_\_\_\_)
17. I (we) hereby certify that the foregoing statements and attached Exhibits are true and correct and such data contained therein is a part of the permanent records of the business of \_\_\_\_\_  
 and I (we) hereby further certify that there are attached to this application true and correct exhibits (in full) as required above, containing true copies of all literature, papers, advertising matters, instructions to agents, and contracts used in connection with the business of this agency, including circular form letters.
18. Applicant hereby stipulates as a condition precedent to issuance of permit and continuance of the same in good standing, that no literature or forms of contract not submitted with the application will be used, circulated or issued by applicant prior to the filing thereof in said Department.

**GENERAL COLLECTION AGENCY or GENERAL DEBT/CREDIT COUNSELING AGENCY**

# PERMIT APPLICATION

**19. BACKGROUND INFORMATION.**

**(A) Has the applicant, or any member or manager of the permittee, or any officer or manager of the applicant, within the past ten years:**

**YES**

**NO**

- (1) Been found by any court or federal or state regulatory agency to have violated any provision of the Idaho Collection Agency Act (Act)?**
- (2) Been found by any court or federal or state regulatory agency to have violated any contract or agreement of a type mentioned in the Act?**
- (3) Been found by any court or federal or state regulatory agency to have failed, refused, neglected, on demand, to pay or remit to any client the agreed portion of any sum collected by the permittee on any bill, claim, account or other indebtedness entrusted to the permittee for collection?**
- (4) Been found by any court or federal or state regulatory agency to have failed to return to a debtor an amount that was not to be paid on his debts?**
- (5) Been found by any court or federal or state regulatory agency to have misappropriated or converted to his own use or illegally withheld moneys collected or held for any other person?**
- (6) Been convicted of, found guilty of, pled guilty to, or received a withheld judgment by a court for forgery, embezzlement, fraud, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or other like offense, any theft offense, a crime involving moral turpitude, or violating any provision of the Act or is currently disbarred from the practice of law in any state?**
- (7) Had a permit revoked, canceled, or denied in any state?**

**(B) Does the applicant, or any member or manager or officer of the applicant owe outstanding, unpaid, delinquent and undisputed accounts or judgments?**

**(C) If a “yes” answer is given for any of the following questions, provide the following details on a separate sheet: the organization and individuals involved, the title and date of any court or regulatory action, the court or regulatory agency in which the action was taken, and description of the action.**

**I certify that the information and documents provided on and with this form are true and correct:**

**Print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

## SEAL

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**NOTARY  
SEAL**

Notary Public For \_\_\_\_\_  
Residing At \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

C.L. "BUTCH" OTTER  
GOVERNOR

GAVIN M. GEE  
DIRECTOR

STATE OF IDAHO  
DEPARTMENT OF FINANCE  
CONSUMER FINANCE BUREAU  
800 PARK BLVD., STE 200, BOISE ID 83712  
P O BOX 83720 - BOISE ID 83720-0031  
TELEPHONE: (208) 332-8061  
FAX: (208) 332-8096



ASSIGNEE / COLLECTION AGENCY • IDAHO CREDIT CODE INITIAL NOTIFICATION

1. Name of creditor / business: \_\_\_\_\_
2. Name in which business is transacted if different from #1: \_\_\_\_\_
3. Address of principal office: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 800 #: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. Addresses of all offices or retail stores, if any, in Idaho at which regulated consumer credit transactions are entered into, or if you take assignments of obligations, the offices or places of business in Idaho at which business is transacted:  
Street City State Zip Phone  
Street City State Zip Phone
5. If regulated consumer credit transactions are entered into other than at an office or retail store in Idaho, a brief description of the manner in which they are entered into: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name and address of designated agent upon whom service of process may be made in Idaho: \_\_\_\_\_  
Name  
Street City State Zip Phone
7. Type of business conducted. Please indicate whether consumer loans are made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The sum of all unpaid balances owed to you as of December 31 of the preceding calendar year in connection with Idaho regulated consumer credit transactions: \_\_\_\_\_
9. Name and address of other entities to which you sell or assign contracts or accounts:  
Name Street City State Zip Phone  
Name Street City State Zip Phone

I certify that the information provided on this form is true and correct:

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C.L. "BUTCH" OTTER  
GOVERNOR

GAVIN M. GEE  
DIRECTOR

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IDAHO COLLECTION AGENCY ACT  
CONSENT TO SERVICE OF PROCESS AND CONSENT TO EXAMINATION OF ACCOUNTS

Idaho Code §26-2225(11) provides that every applicant for a collection agency permit shall execute an irrevocable consent to service appointing the Director of the Department of Finance (Director) and his successors in office to be attorney of the applicant to receive service of any lawful process in any civil suit, action, or proceeding against the applicant which arises under the Idaho Collection Agency Act (Act) or any rule or order under the Act.

Idaho Code §26-2234(3) provides that every holder of an Idaho collection agency permit ("permittee") shall execute to the Director an agreement of consent to examination of any and all bank accounts of the permittee providing the Director with authority to make such an examination at any time the Director, in his discretion, deems it to be in the public interest.

Pursuant to the requirements of these sections, the undersigned, \_\_\_\_\_

( ) Corporation ( ) Partnership ( ) Limited Liability Company ( ) Individual,

whose address is \_\_\_\_\_  
(street) (city) (state) (zip)

The permittee, organized and doing business under the laws of the State of \_\_\_\_\_ for the purpose of applying for or renewing a permit to operate an agency under the Idaho Collection Agency Act, appoints the Director to be the attorney to receive service of any lawful process in any civil suit, action, or proceeding against the permittee which arises under the Act or any rule or order under the Act, and consents to the examination by the Director or his designee, of any and all accounts maintained by or for the permittee at any bank, savings and loan association, credit union or other financial institution.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name  
(Printed, of individual, corporation, partnership, or limited liability company)

\_\_\_\_\_  
Title  
(Of corporate officer, partner, or manager of limited liability company)

\_\_\_\_\_  
Signature  
(Of individual, corporate officer, partner, or manager of limited liability company)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL

Notary Public For \_\_\_\_\_  
Residing At \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

# COLLECTION OF BAD CHECKS

Provisions	I. Small Claims Court (Idaho Code §1-2301A)	II. Point of Sale Notice (Idaho Code §28-22-105)	III. No Point of Sale Notice (Idaho Code §28-22-105)
A. Conditions which must be met:	<ol style="list-style-type: none"> <li>1 Claim is for under \$5,000.00.</li> <li>2 Suit must be by owner of the check. The owner may be represented by an authorized agent, employee, or a collection agency with a permit issued to it pursuant to Idaho Code §26-2229, but not by an attorney.</li> <li>3 Must give notice to debtor.</li> </ol>	<ol style="list-style-type: none"> <li>1 Notice posted conspicuously at the point of sale.</li> </ol>	<ol style="list-style-type: none"> <li>1 Notice to debtor per Idaho Code §28-22-105.</li> <li>2 Sent by certified mail.</li> <li>3 Consumer has 15 days to pay check.</li> </ol>
B. Form of notice:	<ol style="list-style-type: none"> <li>1 Notice of dishonored check and that the debtor has 10 days in which he can pay for the check before suit is filed.</li> </ol>	<ol style="list-style-type: none"> <li>1 Notice must say set collection fee (up to \$20.00) will be charged if the check is returned.</li> </ol>	<ol style="list-style-type: none"> <li>1 Statutory form of notice (Idaho Code §28-22-105).</li> </ol>
C. Cost to debtor:			
<ul style="list-style-type: none"> <li>• If paid within notice period:</li> </ul>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> <li>2 Collection fee as set out in Notice (up to \$20.00).</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> </ol>
<ul style="list-style-type: none"> <li>• If paid after notice but before suit is filed:</li> </ul>	<ol style="list-style-type: none"> <li>1 Face amount of check</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> <li>2 Collection fee as set out in Notice (up to \$20.00).</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> <li>2 Interest at 12% per annum from date of dishonor until date paid.</li> <li>3 Collection fee - the amount of the check up to \$20.00.</li> </ol>
<ul style="list-style-type: none"> <li>• If paid after judgment:</li> </ul>	<ol style="list-style-type: none"> <li>1 Damages equal to three times face amount of check with \$100.00 minimum and \$500.00 maximum. May be reduced at the discretion of the trial judge.</li> <li>2 Court costs.</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> <li>2 Collection fee as set out in Notice (up to \$20.00).</li> <li>3 Attorney fees.</li> <li>4 Other costs as determined by the court.</li> </ol>	<ol style="list-style-type: none"> <li>1 Face amount of check.</li> <li>2 Interest at 12% per annum.</li> <li>3 Collection fee - the amount of the check up to \$20.00.</li> <li>4 Attorney fees (Idaho Code §28-22-105).</li> </ol>
D. What the creditor may NOT collect:	<ol style="list-style-type: none"> <li>1 Attorney fees.</li> <li>2 Interest.</li> <li>3 Collection costs.</li> </ol>	<ol style="list-style-type: none"> <li>1 Interest.</li> <li>2 Collection fee over Noticed amount (never over \$20.00).</li> <li>3 Any other costs.</li> </ol>	<ol style="list-style-type: none"> <li>1 Collection costs exceeding \$20.00.</li> <li>2 Interest exceeding 12% or for more than the time allowed.</li> <li>3 Any other charges.</li> </ol>

**Revised 1/07 RETAIN FOR YOUR INFORMATION**

Department of Finance  
Consumer Finance Bureau  
800 Park Blvd., Ste 200, Boise, Idaho 83712  
P O Box 83720 - Boise, Idaho 83720-0031  
Phone: (208) 332 - 8002 - Fax: (208) 332 - 8096

## REGISTRATION OF PERMITTEE AGENTS

PERMITTEE/AGENCY NAME, ADDRESS:	PERMITTEE'S AUTHORIZED SIGNATURE:
---------------------------------	-----------------------------------

	AGENT NAME (alphabetical order, please) LAST, FIRST, MIDDLE INITIAL	LOCATED IN CITY STATE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DESK NAME IF USED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

FEE= TOTAL NUMBER OF AGENTS X \$20 =	
--------------------------------------	--

QO	QUALIFYING OFFICER NAME:
	CITY IN IDAHO:
	<div style="display: flex; justify-content: space-between;"> <span>SOCIAL SECURITY NUMBER:</span> <span>\$100 EXAM FEE PAID</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>DATE OF BIRTH:</span> <span>EXAM DATE:</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>DESK NAME:</span> <span>EXAM SCORE:</span> </div>







STATE OF IDAHO  
DEPARTMENT OF FINANCE  
Consumer Finance Bureau  
800 Park Blvd., Ste 200,  
Boise, ID 83712  
P.O. Box 83720  
Boise, ID 83720-0031

**BOND #** \_\_\_\_\_

**Effective date** \_\_\_\_\_ **20** \_\_\_\_\_

**SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT**

Pursuant to Idaho Code § 26-2232(b)  
(\$2,000.00 minimum)

\_\_\_\_\_, Principal herein, desires to engage in business as a permittee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the name shown above, and as such is required pursuant to § 26-2232(b) of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and \_\_\_\_\_, as Surety, a corporation duly incorporated under the laws of the state of \_\_\_\_\_ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$\_\_\_\_\_, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: \_\_\_\_\_.

In the event that the Director of the Idaho Department of Finance shall find it necessary to investigate the activities of the Principal under the Idaho Collection Agency Act, conduct administrative proceedings or institute prosecutions against the Principal under the Act, the Surety shall be liable under this bond to indemnify the Department of Finance, State of Idaho, for any and all expenses incurred as a result thereof, up to the limit of this bond. This bond and the obligation of the Surety thereunder shall be continuous in form and remain in full force and effect, and run concurrently with the period that the Principal is or was a permittee or licensee under the Act and for the period of any renewal of such permit or license.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

\_\_\_\_\_  
(PRINCIPAL)

\_\_\_\_\_  
(SIGNATURE OF OFFICER OF THE PRINCIPAL)      DATE

\_\_\_\_\_  
(NAME OF SURETY COMPANY)

\_\_\_\_\_  
(SIGNATURE OF OFFICER OF SURETY COMPANY)      DATE

\_\_\_\_\_  
(TITLE OF OFFICER OF SURETY COMPANY)

\_\_\_\_\_  
(NAME, TITLE AND TELEPHONE NUMBER OF CONTACT  
FOR SURETY)



STATE OF IDAHO  
DEPARTMENT OF FINANCE  
Consumer Finance Bureau  
800 Park Blvd., Ste 200  
Boise, ID 83712  
P.O. Box 83720  
Boise, ID 83720-0031

**BOND #** \_\_\_\_\_

**Effective date** \_\_\_\_\_ **20** \_\_\_\_\_

**SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT**

Pursuant to Idaho Code § 26-2232(a)  
(\$15,000.00 minimum)

\_\_\_\_\_, Principal herein, desires to engage in business as a permittee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the name shown above, and as such is required pursuant to § 26-2232(a) of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and \_\_\_\_\_, as Surety, a corporation duly incorporated under the laws of the state of \_\_\_\_\_ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$\_\_\_\_\_, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: \_\_\_\_\_.

In any case where the Principal or its representatives has failed to account for and pay over the proceeds of any collection made or money received for payment or prorating to creditors, or has failed to return to a debtor any sum received that was not to be applied to his debts, the Surety shall be obligated to the Department of Finance, State of Idaho, under this bond therefor, up to the limit of this bond. Further, the creditor or debtor shall have in addition to all other legal remedies a right of action in its own name on this bond, without the necessity of joining the Principal in the action.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

\_\_\_\_\_  
(PRINCIPAL)

\_\_\_\_\_  
(SIGNATURE OF OFFICER OF THE PRINCIPAL)      DATE

\_\_\_\_\_  
(NAME OF SURETY COMPANY)

\_\_\_\_\_  
(SIGNATURE OF OFFICER OF SURETY COMPANY)      DATE

\_\_\_\_\_  
(TITLE OF OFFICER OF SURETY COMPANY)

\_\_\_\_\_  
(NAME, TITLE AND TELEPHONE NUMBER OF CONTACT  
FOR SURETY)